Basketball Camp 20/21 August 2011 Whitland Sports Hall, North Road, Whitland, SA34 0BD



Please complete one form for each child attending, sign and return to: Matt McPherson, 32 Pentrefelin Street, Carmarthen, SA31 1SB.

Name of Child	
Date of Birth	
Parent/ Guardian	
Address (inc. Postcode)	
Email address	
Tel (evening):	
Tel (day):	
Mobile	97777 X
Does your child suffer from any medical conditions/allergies that the Club/ coach should be aware of (including any current medication)? Please provide details of medication that must be administered	
Emergency contact details: (If different from above) Name	
Telephone Number	
Relationship to child	
2011.b) I confirm to the best of my knowledge that condition other than those listed above.c) I understand that the Club, organisers and	the basketball camp on August 20 th and /or August 21 st at my son/ daughter does not suffer from any medical coaches shall accept no responsibility for loss, damage or injury caused by or durin loss, damage or injury can be shown to result directly from their negligence.
Signed	

Please also complete overleaf

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Please tick the days that your son/daughter wishes to attend:		
Saturday 20 th only	-06	£20
Sunday 21 st only	-X	£20
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Both days	(\mathcal{P}_{J})	£25
If you want to pay immediately, please enclose a cheque payable to West Wales Tropics (please do not send cash by post). Payment will also be accepted on the day(s) of the camp.		
Consent form for the use of photographs or video		
West Wales Tropics Basketball Club recognises the need to ensure the welfare and safety of all young people in sport.		
We will not permit photographs, video or other images of young people to be taken without the consent of the parents/carers and children.		
The Club may take photographs and/or video images for training purposes, for use on our website www.westwalestropics.co.uk and for reports sent to local newspapers etc. Any film/photos will only be taken by a person who has been CRB checked through the Club.		
The Club will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform a Club official immediately.		
57/77		
Child to complete		
I (Print name of child)		
Consent/Do not consent (delete as appropriate) to West Wales Tropics photographing/videoing my involvement in basketball.		
		(4,1)
Signed		Date:
And the latest and th		
Parent/Guardian to complete	THE	
1		(Print name of parent/guardian)
Consent/Do not Consent (delete as appropriate) to West Wales Tropics photographing/videoing		
		(Print name of child))
Signed		Date:

If you require further information:

matt@westwalestropics.co.uk

01267 222101 / 07958 321 655